

MONTEFIORE NYACK HOSPITAL
HUMAN RESOURCES
POLICY & PROCEDURE

POLICY:	<u>HR SEC. VI E</u>
LAST REVIEW:	6/2022, 7/2021
PAGE:	1 OF 2

APPROVAL: Vice President, Human Resources
SUBJECT: TUITION REIMBURSEMENT

POLICY

The Montefiore Nyack Hospital Tuition Reimbursement Program provides encouragement and assistance to those employees interested in self-development. It allows employees to improve their effectiveness in current positions and prepare themselves for related future assignments.

I. Eligibility

All regular full-time employees (scheduled to work 32 or more hours per week) and part-time employees (scheduled to work at least 20 hours per week) are eligible for tuition reimbursement providing:

- A. They have completed three (3) months of service before applying.
- B. They are off new hire or disciplinary probationary status before registering for course.
- C. They have had the application approved before the course begins.
- D. They have achieved a final grade of "B" or better or a "Pass."
- E. They are on the payroll at the time the reimbursement is made for the approved courses.

Note that employees do not become "vested" in tuition reimbursement unless and until they remain employed by the hospital on the six-month anniversary of the end of the course. In other words, if an employee takes and is reimbursed for a course, and resigns their employment with the hospital prior to the six-month anniversary of the end of the course, the employee will be required to repay the value of the reimbursement to the hospital.

II. Types of Courses Covered

The courses covered by this policy are those given by an accredited college or university or by a reputable business school or other organization. The course must be considered beneficial to the employee's present or future work at Montefiore Nyack Hospital.

III. Amount of Reimbursement

Only tuition costs are covered by this reimbursement policy. No reimbursement is made for books, laboratory fees, travel, etc. Reimbursement for satisfactory completion of a course will be 100% of tuition costs, to a maximum of \$3,500 per calendar year for full-time employees and \$1,750 per calendar year for part-time employees with no limitation on the number of credits or semesters taken. All reimbursements are subject to the approval of the employee's Department Manager and the Human Resources Department.

IV. Attendance at Courses

Courses must be attended on an employee's own time.

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PROCEDURE

I. Application for Tuition Reimbursement

The employee must complete the Application for Tuition Reimbursement form and submit it to the Department Manager for approval three weeks prior to registration for a course. Upon approval, the Department Manager should forward the original to the Human Resources Department for approval.

II. Reimbursement

The employee is responsible for maintaining the receipt for payment and the transcript of grades or certificates of satisfactory course completion until requesting reimbursement. At that time, the Human Resources Department should be furnished with both of these documents. Attached to a copy of the approved Tuition Reimbursement Application.

It will be the Human Resources Department's responsibility to submit the reimbursement request to Payroll and present the reimbursement to the employee.

Employees do not become vested in a reimbursement under this policy until they have been employed for six months following the end of the class. If an employee terminates their employment for any reason prior to the six-month anniversary of the end of the class, the employee will be required to repay the reimbursement to the Hospital. The employee will be required to sign an advance deduction form, as well as a promissory note, in order to be eligible to receive tuition reimbursement under this policy.

GUIDELINES FOR COMPLETING TUITION REIMBURSEMENT FORM

Prior to Beginning the Course:

- ☐ Department manager's approval signature on the Tuition Reimbursement application
- ☐ Submit Tuition Reimbursement application to Human Resources for approval.
- ☐ A copy of the course description must be provided for each course elected.

Upon Completion of the Course:

- ☐ A copy of the bursar's receipt indicating the cost per credit submitted to Human Resources is required.
- ☐ A copy of either proof of payment or proof of deferment of payment submitted to Human Resources is required.
- ☐ A copy of your letter grade for the course submitted to Human Resources is required.

You can expect to receive reimbursement approximately six weeks to eight weeks after all documents have been received.

If the form is incomplete your reimbursement may be delayed. If all documentation listed is not provided your tuition reimbursement will be denied.

Full Time Non-Union employees are entitled to \$3,500 and Part Time Non-Union employees are entitled to \$1,750 per calendar year. Union employees should refer to their collective bargaining agreement for their entitled amount.

Please note that tuition reimbursement will only be granted to an employee who attains a grade "B" or better or as stated in the collective bargaining agreement, if applicable.

Only tuition costs are covered by this policy; no reimbursement will be made for books, fees, or travel.

MONTEFIORE NYACK HOSPITAL APPLICATION FOR TUITION REIMBURSEMENT

NAME: (PLEASE PRINT CLEARLY) _____
(LAST NAME) (FIRST NAME) (Middle Initial)

ADDRESS: _____

DAYTIME PHONE#: _____ Employee ID #: _____ SHIFT: _____

DEPT: _____ POSITION: _____ DATE OF HIRE: _____

COMMITMENT: () FULL TIME () PART TIME TUITION ENTITLEMENT: _____

I expect to enroll in the following course(s) and am requesting approval for tuition reimbursement in accordance with Montefiore Nyack Hospital policy:

<u>NAME OF COURSE(S)</u>	<u># OF CREDITS</u>	<u>TUITION COST PER CREDIT</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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TOTAL TUITION COST: _____

PLEASE REVIEW ALL REQUIREMENTS ON THE BACK SIDE OF FORM

PLEASE INDICATE: () Non-Union () NYSNA () CWA () Local 30

NAME & LOCATION OF EDUCATIONAL INSTITUTION: _____

TYPE OF STUDY: () UNDERGRADUATE () GRADUATE () BUSINESS () TECHNICAL () OTHER _____

COMPLETION OF THIS STUDY WILL - Apply toward a degree in: _____

REGISTRATION DATE: _____ STARTING DATE: _____ COMPLETION DATE: _____

APPLICATIONS MUST BE SUBMITTED TO HUMAN RESOURCES PRIOR TO THE BEGINNING OF CLASS

I agree to remain employed at Montefiore Nyack Hospital for a minimum of six months to comply with Medicare regulations governing reimbursement educational costs as a condition for participation in the tuition reimbursement program.

SIGNATURE OF APPLICANT

DATE

DEPARTMENT MANAGER APPROVAL

DATE

HUMAN RESOURCES APPROVAL (PRIOR TO TAKING CLASS)

DATE

**** Please make sure after completion of the course(s) you attach the bursar's receipt along with a copy of the grades****

FOR ACCOUNTS PAYABLE PURPOSES ONLY NEW COST CENTER: 30298 (Formerly 1500800)

HUMAN RESOURCES APPROVAL

DATE

FINANCE APPROVAL

DATE

AMOUNT TO BE REIMBURSED: _____

DATE SENT

To: () Accounts Payable () Payroll

DATE SENT

To: () Accounts Payable () Payroll

FOR HR USE ONLY:

AMT PAID YTD: _____

BALANCE: _____

Montefiore | Nyack

Appendix B to Section VI E (Tuition Reimbursement)

AUTHORIZATION FOR ADVANCE OF FUTURE WAGES AND DEDUCTIONS FOR REPAYMENT OF ADVANCE (TUITION REIMBURSEMENT)

I, _____, understand and agree that, for my benefit, Montefiore Nyack Hospital has reimbursed me the sum of \$_____ to cover the cost of my participation in the [NAME OF CLASS] ("Tuition Reimbursement").

I understand that, in accordance with Montefiore Nyack Hospital's Tuition Reimbursement Policy (the "Policy"), if I resign my employment with Montefiore Nyack Hospital prior to the six-month anniversary of my completion of the class identified above, I must repay to Montefiore Nyack Hospital the cost of the Tuition Reimbursement. Accordingly, the Tuition Reimbursement represents an advance against my future wages that will not be earned until the six-month anniversary of my completion of the class referenced above.

By this authorization ("Advance Authorization"), I hereby authorize Montefiore Nyack Hospital to deduct monies from my wages in accordance with the terms and conditions set forth below.

If I resign my employment for any reason prior to the six-month anniversary of my completion of the class, Montefiore Nyack Hospital may deduct up to the entire amount indicated above (\$_____) from my final paycheck or any other monies due me by Montefiore Nyack Hospital upon the termination of my employment, up to the maximum amount permitted by applicable law. I hereby authorize Montefiore Nyack Hospital to make such deduction(s).

I further understand and agree that if the total amount deducted from my final paycheck or any other monies due me by Montefiore Nyack Hospital upon the termination of my employment is insufficient to repay the entire \$_____, I hereby agree to repay Montefiore Nyack Hospital the total value of the remaining amount by separate payment (i.e., personal check), within 30 days of the date of the termination of my employment.

I acknowledge that I am voluntarily signing this Advance Authorization and that it contains all the terms and conditions of the Tuition Reimbursement and the details of the manner in which deductions will be made. I further understand that I may revoke this Advance Authorization, in writing, only prior to my receiving the Tuition Reimbursement from Montefiore Nyack Hospital.

Finally, I hereby acknowledge that Montefiore Nyack Hospital has provided me with notice that I may contest any deduction that is not in accordance with the terms of this Advance Authorization, by using the following dispute procedure ("Dispute Procedure"):

Appendix B to Section VI E (Tuition Reimbursement) (continued)

Dispute Procedure

Once an employee has received a Tuition Reimbursement, he or she may dispute the amount or frequency of any deduction not in accordance with the terms of his or her Advance Authorization.

In order to take advantage of the Dispute Procedure, the employee must e-mail Vice President of Human Resources at [E-MAIL ADDRESS] with a statement of his or her objection to the deduction, including the reasons therefor. Once the employee initiates the Dispute Procedure, Montefiore Nyack Hospital will cease deductions, and no further deductions will be made during the pendency of the dispute. Once it receives this initial e-mail from the employee, Montefiore Nyack Hospital will reply, in writing, as soon as practical. Such reply will include: (1) a statement addressing the issues raised by the employee's objection(s), (2) a clear statement indicating Montefiore Nyack Hospital's position with regard to the deduction (including whether Montefiore Nyack Hospital agrees or disagrees), and (3) a reason why Montefiore Nyack Hospital agrees or disagrees.

Any delay in repayment resulting from the employee's use of the Dispute Procedure will extend the authorized time frame within which the employee must repay the Tuition Reimbursement through deductions.

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I understand that nothing in this Advance Authorization shall affect the at-will nature (if applicable) of my employment with Montefiore Nyack Hospital.

Acknowledged and agreed:

Employee's Printed Name

Employee Signature

Date